PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 180. pinia 22313_1450

			or <u>Fax</u>	(571) 273-2885	gm14 22010-1-100	
			UE FEE and PUBL eders and notification a) specifying a new		paired). Blocks I through 5 will be mailed to the curren ss; and/or (b) indicating a sep	
CUSSIPT CONSISTANCENCE ADDRESS (New: Use Shee) I for any change of helices) 8383 759 03/14/2006 DUANE MORRIES LLP 19 DEPARTMENT 30 SOUTH 17TH STREET PHILADELPHIA, PA 19103-4196				Note: A conflicion of mailing can only be used for domestic mailings of the Fee() Transmissi, This certificate, cannot be used for any other score, paragraphers, East additional paper, such as an assignment or formal drawing, must have its own certificate of imalling of transmission. Certificate of Mailing or Transmission Lively control of the Confliction of the Conflic		
						(Deposisor's name)
					***************************************	(Separure)
						(Class)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		OTOR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/758,154	01/14/2004	1	Saul Le-Garcia Ros	felele	D0932-00416	5769
TITLE OF INVENTION:	HIDDEN VENTI	LATION TR	IM ACCESO	RY		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE PI	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$144)	\$300	\$1740	06/14/2008
EXAMINER		ART UN	IT C	LASS-SUBCLASS	1	
SPAHN, GAY 36:		5		J		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.3 (37)) Change of correspondence address (or Change of Correspondence Address form PTO/SB122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB47; Rev 03-02 or more recent) attached. Use of a Customer Number is recently.			2. For printing on the patient front page, list (1) the name of up to 3 registered patient attensorys or agents OR, alternatively, or agents OR, alternatively, (2) the name of a single firm Duving as a member a registered attentory or agent) and the names of up to 2 registered patient autory, or or goods. If no name is 3			
1 ASSIGNES MAME AND	RESIDENCE DATA TO B	E BDINCECO ONLY				
					nce is identified helow, the de	scument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
CERTAINTEED CORPORATION VALLEY FORGE, PA						
	assignee category or categor		***************************************	□ Individual ☑ C	orporation or other private gre	up entity Government
du. The following (se(s) are enclosed: 4b. Payment of Fco(s):						
☑ Issue Fee ☐ A check in the amount of the fee(s) is enclosed.						
				it card. Form PTO-2038 is attached.		
Advance Order - # or	Copies		The Director is a Deposit Account Nur	erchy authorized by c nber 04-167	harge the required fee(s), or o	redit any everpayment, to
5. Change in Entity Status	(from status indicated above)				p) ot ans (0.11).
	MALL ENTITY status, See		D b. Applicant is no	longer claiming SMA	LL ENTITY status. See 37 CF	R 1,27(e)(2).
The Director of the USPTO NOTE: The Issue Fee and Pr interest as shown by the reco	is requested to apply the Issu sblication Fee (if required) words of the United States Pute	r Fee and Publicati ill not be accepted at and Trademark (on Fee (if any) or to : from anyone other th Office.	re-apply any proviously an the applicant, a regi	paid issue for to the applicati stered attorney or agent; or the	on identified above, c assignme or other party in
Authorized Signature /Steven E. Koffs/			Date 06-13-2008			
Typed or printed name S	teven E. Koffs	***************************************	Registration No. 37163			
This collection of informatio	n is required by 37 CFR 1.31	1. The information	is required to obtain	or retain a benefit by t	he public which is to file (and	by the USPTO to process)

an application. Confidentiative in givened by \$5 U.S.C. 122 and \$7 CFR. 1.4. This collection is estimated to take 17 minutes as more than by the U.SP 10.5 precess under the understanding the completed application from the U.SP. 17 me will vary depending upon the included calles. Any comments on the amounts of the control take form and/or supplication for relicions that the control take form and/or supplication for relicions the supplication of the Chief Information Offices, U.S. Peters and Trackmant Office, U.S. Department of Commence, 10.4. Alexandric, Virginia 223 15-1450, 20.4. ON U.S. Early DEEG ON COMPILEED FORMS OF UTILIS ADDRESS S. SEDTO UT. Commission for International Confidence of Chief U.S. Peters and Trackmant Offices, U.S. Peter